By Senator Rouson

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A bill to be entitled

An act relating to mental health and substance use disorders; amending s. 394.455, F.S.; defining the term "peer specialist"; amending s. 394.4572, F.S.; requiring a specific level of screening for peer specialists working in mental health programs and facilities; amending s. 394.4573, F.S.; specifying that the use of peer specialists for recovery support is an essential element of a coordinated system of behavioral health care; amending s. 397.311, F.S.; defining the term "peer specialist"; amending s. 397.4073, F.S.; conforming provisions to changes made by the act; creating s. 397.417, F.S.; providing legislative findings and intent; authorizing a person to seek certification as a peer specialist if he or she meets specified qualifications; requiring a background screening, completion of a training program, and a passing score on a competency exam for a qualified person to obtain certification as a peer specialist; requiring the Department of Children and Families to develop a training program for peer specialists and to give preference to trainers who are certified peer specialists; requiring the training program to coincide with a competency exam and to be based on current practice standards; requiring the department to certify peer specialists directly or by designating a nonprofit certification organization; requiring that a person providing peer specialist services be certified or supervised by a licensed

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behavioral health care professional or a certified peer specialist; authorizing the department, a behavioral health managing entity, or the Medicaid program to reimburse a peer specialist service as a recovery service; encouraging Medicaid managed care plans to use peer specialists in providing recovery services; requiring peer specialists to meet the requirements of a background screening as a condition of employment and continued employment; authorizing the department or the Agency for Health Care Administration to require by rule that fingerprints be submitted electronically to the Department of Law Enforcement; authorizing the Department of Children and Families or the agency to contract with certain vendors for fingerprinting; specifying requirements for vendors; specifying offenses to be considered in the background screening of a peer specialist; authorizing a person who does not meet background screening requirements to request an exemption from disqualification from the department or the agency; providing that all peer specialists certified as of the effective date of this act are recognized as having met the requirements of this act; amending s. 397.487, F.S.; revising legislative findings relating to voluntary certification of recovery residences; requiring recovery residences to comply with specified Florida Fire Prevention Code provisions; revising background screening requirements for owners, directors, and chief financial officers of recovery

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residences; amending s. 397.4873, F.S.; providing exceptions to limitations on referrals by recovery residences to licensed service providers; prohibiting recovery residences and specified affiliated individuals from benefiting from certain referrals; amending s. 435.07, F.S.; authorizing the exemption of certain persons from disqualification from employment; amending ss. 212.055, 394.495, 394.496, 394.9085, 397.416, 409.972, 440.102, 464.012, and 744.2007, F.S.; conforming cross-references; making technical changes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (32) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (33) through (49), respectively, and a new subsection (32) is added to that section, to read:

394.455 Definitions.—As used in this part, the term:

(32) "Peer specialist" means a person who has been in recovery from a substance use disorder or mental illness for the past 2 years or a family member or caregiver of a person with a substance use disorder or mental illness and who is certified under s. 397.417.

Section 2. Paragraph (a) of subsection (1) of section 394.4572, Florida Statutes, is amended to read:

394.4572 Screening of mental health personnel.-

(1) (a) The department and the Agency for Health Care Administration shall require level 2 background screening

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pursuant to chapter 435 for mental health personnel. "Mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment. For purposes of this chapter, employment screening of mental health personnel also includes, but is not limited to, employment screening as provided under chapter 435 and s. 408.809. The department and the Agency for Health Care Administration shall require a level 2 background screening pursuant to s. 397.417(5) for persons working as peer specialists in public or private mental health programs or facilities and who have direct contact with individuals held for involuntary examination or admitted for mental health treatment.

Section 3. Paragraph (1) of subsection (2) of section 394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing

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entities pursuant to s. 394.9082(5). Beginning in 2017, the department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

- (2) The essential elements of a coordinated system of care include:
- (1) Recovery support, including, but not limited to, the use of peer specialists as described in s. 397.417 to assist in the individual's recovery from a substance use disorder or mental illness, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.

Section 4. Present subsections (30) through (49) of section 397.311, Florida Statutes, are redesignated as subsections (31) through (50), respectively, and a new subsection (30) is added to that section, to read:

- 397.311 Definitions.—As used in this chapter, except part VIII, the term:
- (30) "Peer specialist" means a person who has been in recovery from a substance use disorder or mental illness for the past 2 years or a family member or caregiver of a person with a substance use disorder or mental illness and who is certified under s. 397.417.

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Section 5. Paragraph (f) of subsection (1) and paragraphs (b) and (c) of subsection (4) of section 397.4073, Florida Statutes, are amended to read:

397.4073 Background checks of service provider personnel.-

- (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.—
- (f) Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. If 5 years or more have elapsed since the most recent disqualifying offense, service provider personnel may work with adults with mental health or substance use disorders or co-occurring disorders under the supervision of a qualified professional licensed under chapter 490 or chapter 491 or a master's-level-certified addictions professional until the agency makes a final determination regarding the request for an exemption from disqualification.
 - (4) EXEMPTIONS FROM DISQUALIFICATION.-
- (b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of individuals with substance use disorders, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from disqualification from employment pursuant to this paragraph.
- (c) The department may grant exemptions from disqualification which would limit service provider personnel to working with adults in substance <u>use disorder</u> abuse treatment facilities.

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Section 6. Section 397.417, Florida Statutes, is created to read:

- 397.417 Behavioral health peer specialists.-
- (1) LEGISLATIVE FINDINGS AND INTENT.—
- (a) The Legislature finds that:
- 1. The ability to provide adequate behavioral health services is limited by a shortage of professionals and paraprofessionals.
- 2. The state is experiencing an increase in opioid addictions, which prove fatal to persons in many cases.
- 3. Peer specialists provide effective support services because they share common life experiences with the persons they assist.
- 4. Peer specialists promote a sense of community among those in recovery.
- 5. Research has shown that peer support facilitates recovery and reduces health care costs.
- 6. Peer specialists may have a criminal history that prevents them from meeting background screening requirements.
- (b) The Legislature intends to expand the use of peer specialists as a cost-effective means of providing services by ensuring that peer specialists meet specified qualifications, meet modified background screening requirements, and are adequately reimbursed for their services.
 - (2) QUALIFICATIONS.—
- (a) A person may seek certification as a peer specialist if he or she has been in recovery from a substance use disorder or mental illness for the past 2 years or if he or she is a family member or caregiver of a person with a substance use disorder or

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mental illness.

(b) To obtain certification as a peer specialist, a person must meet the background screening requirements of subsection (5), complete the training program, and achieve a passing score on the competency exam described in paragraph (3)(a).

- (3) DUTIES OF THE DEPARTMENT.—
- (a) The department shall develop a training program for persons seeking certification as peer specialists. The department must give preference to trainers who are certified peer specialists. The training program must coincide with a competency exam and be based on current practice standards.
- (b) The department shall certify peer specialists. The department may certify peer specialists directly or may designate a private, nonprofit certification organization to certify peer specialists, implement the training program, and administer the competency exam.
- (c) The department must require that a person providing peer specialist services be certified or be supervised by a licensed behavioral health care professional or a certified peer specialist.
- (4) PAYMENT.—Peer specialist services may be reimbursed as a recovery service through the department, a behavioral health managing entity, or the Medicaid program. Medicaid managed care plans are encouraged to use peer specialists in providing recovery services.
 - (5) BACKGROUND SCREENING.-
- (a) A peer specialist must have completed or have been lawfully released from confinement, supervision, or any nonmonetary condition imposed by the court for any felony and

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must undergo a background screening as a condition of employment
and continued employment. The background screening must include
fingerprinting for statewide criminal history records checks
through the Department of Law Enforcement and national criminal
history records checks through the Federal Bureau of
Investigation. The background screening may include local
criminal records checks through local law enforcement agencies.

- (b) The department or the Agency for Health Care

 Administration, as applicable, may require by rule that

 fingerprints submitted pursuant to this section be submitted
 electronically to the Department of Law Enforcement.
- (c) The department or the Agency for Health Care

 Administration, as applicable, may contract with one or more

 vendors to perform all or part of the electronic fingerprinting

 pursuant to this section. Such contracts must ensure that the

 owners and personnel of the vendor performing the electronic

 fingerprinting are qualified and will ensure the integrity and

 security of all personal identifying information.
- (d) Vendors who submit fingerprints on behalf of employers must:
 - 1. Meet the requirements of s. 943.053; and
- 2. Have the ability to communicate electronically with the department or the Agency for Health Care Administration, as applicable, and to accept screening results from the Department of Law Enforcement and provide the applicant's full first name, middle initial, and last name; social security number or individual taxpayer identification number; date of birth; mailing address; sex; and race.
 - (e) The background screening under this section must ensure

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that a peer specialist has not, during the previous 3 years, been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any felony.

- (f) The background screening under this section must ensure that a peer specialist has not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following state laws or similar laws of another jurisdiction:
- 1. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- 2. Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
 - 3. Section 409.9201, relating to Medicaid fraud.
- 4. Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
 - 5. Section 741.28, relating to domestic violence.
- 6. Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this section.
 - 7. Section 782.04, relating to murder.
- 8. Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, or aggravated manslaughter of an officer, a firefighter, an emergency medical technician, or a paramedic.

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- 9. Section 782.071, relating to vehicular homicide.
- 292 <u>10. Section 782.09, relating to killing of an unborn child</u> 293 by injury to the mother.
 - 11. Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
 - 12. Section 787.01, relating to kidnapping.
 - 13. Section 787.02, relating to false imprisonment.
 - 14. Section 787.025, relating to luring or enticing a child.
 - 15. Section 787.04(2), relating to leading, taking, enticing, or removing a minor beyond the state limits, or concealing the location of a minor, with criminal intent pending custody proceedings.
 - 16. Section 787.04(3), relating to leading, taking, enticing, or removing a minor beyond the state limits, or concealing the location of a minor, with criminal intent pending dependency proceedings or proceedings concerning alleged abuse or neglect of a minor.
 - 17. Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- 18. Section 790.115(2)(b), relating to possessing an
 electric weapon or device, destructive device, or other weapon
 on school property.
 - 19. Section 794.011, relating to sexual battery.
- 20. Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- 317 <u>21. Section 794.05, relating to unlawful sexual activity</u> 318 <u>with certain minors.</u>
 - 22. Section 794.08, relating to female genital mutilation.

2019528 19-00604-19 320 23. Section 798.02, relating to lewd and lascivious 321 behavior. 322 24. Chapter 800, relating to lewdness and indecent 323 exposure. 324 25. Section 806.01, relating to arson. 325 26. Section 810.02, relating to burglary, if the offense 326 was a felony of the first degree. 327 27. Section 810.14, relating to voyeurism, if the offense 328 was a felony. 329 28. Section 810.145, relating to video voyeurism, if the 330 offense was a felony. 331 29. Section 812.13, relating to robbery. 30. Section 812.131, relating to robbery by sudden 332 333 snatching. 334 31. Section 812.133, relating to carjacking. 335 32. Section 812.135, relating to home-invasion robbery. 336 33. Section 817.50, relating to fraudulently obtaining 337 goods or services from a health care provider and false reports 338 of a communicable disease. 339 34. Section 817.505, relating to patient brokering. 340 35. Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult. 341 342 36. Section 825.1025, relating to lewd or lascivious 343 offenses committed upon or in the presence of an elderly person or disabled person. 344 345 37. Section 825.103, relating to exploitation of an elderly 346 person or disabled adult, if the offense was a felony. 347 38. Section 826.04, relating to incest. 39. Section 827.03, relating to child abuse, aggravated 348

of unlawful debts.

2019528 19-00604-19 349 child abuse, or neglect of a child. 350 40. Section 827.04, relating to contributing to the 351 delinquency or dependency of a child. 352 41. Former s. 827.05, relating to negligent treatment of 353 children. 354 42. Section 827.071, relating to sexual performance by a 355 child. 356 43. Section 831.30, relating to fraud in obtaining 357 medicinal drugs. 358 44. Section 831.31, relating to sale, manufacture, 359 delivery, possession with intent to sell, manufacture, or 360 deliver any counterfeit controlled substance if the offense was 361 a felony. 362 45. Section 843.01, relating to resisting arrest with 363 violence. 364 46. Section 843.025, relating to depriving a law 365 enforcement, correctional, or correctional probation officer of 366 the means of protection or communication. 47. Section 843.12, relating to aiding in an escape. 367 368 48. Section 843.13, relating to aiding in the escape of 369 juvenile inmates of correctional institutions. 370 49. Chapter 847, relating to obscene literature. 371 50. Section 874.05, relating to encouraging or recruiting 372 another to join a criminal gang. 373 51. Chapter 893, relating to drug abuse prevention and control, if the offense was a felony of the second degree or 374 375 greater severity. 52. Section 895.03, relating to racketeering and collection 376

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(1) The Legislature finds that a person suffering from

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addiction has a higher success rate of achieving long-lasting sobriety when given the opportunity to build a stronger foundation by living in a recovery residence while receiving treatment or after completing treatment. The Legislature further finds that this state and its subdivisions have a legitimate state interest in protecting these persons, who represent a vulnerable consumer population in need of adequate housing. It is the intent of the Legislature to protect persons who reside in a recovery residence.

- (3) A credentialing entity shall require the recovery residence to submit the following documents with the completed application and fee:
- (m) Proof of satisfactory fire, safety, and health inspections. A recovery residence must comply with the provisions of the Florida Fire Prevention Code which apply to one-family and two-family dwellings, public lodging establishments, rooming houses, or other housing facilities, as applicable.
- (6) All owners, directors, and chief financial officers of an applicant recovery residence are subject to level 2 background screening as provided under chapter 435 and s. 408.809. A recovery residence is ineligible for certification, and a credentialing entity shall deny a recovery residence's application, if any owner, director, or chief financial officer has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809(4) or s. 435.04(2) unless the department has issued an exemption under s. 397.4073 or s. 397.4872. In accordance with s. 435.04, the department shall notify the

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credentialing agency of an owner's, director's, or chief
financial officer's eligibility based on the results of his or
her background screening.

Section 8. Section 397.4873, Florida Statutes, is amended to read:

397.4873 Referrals to or from recovery residences; prohibitions; penalties.—

- (1) A service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such a patient from, a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871.
 - (2) Subsection (1) does not apply to:
- (a) A licensed service provider under contract with a managing entity as defined in s. 394.9082.
- (b) Referrals by a recovery residence to a licensed service provider when a resident has experienced a recurrence of substance use and, in the best judgment of the recovery residence administrator, it appears that the resident may benefit from clinical treatment services the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- (c) Referrals made before <u>January 1, 2020</u> July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary, if applications and associated fees are <u>submitted by July 1, 2019</u>.
 - (3) A recovery residence or its owners, directors,

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operators, employees, or volunteers may not receive a pecuniary benefit, directly or indirectly, from a licensed service provider for a referral made pursuant to subsection (1) or subsection (2).

- (4)(3) For purposes of this section, a licensed service provider or recovery residence shall be considered to have made a referral if the provider or recovery residence has informed a patient by any means about the name, address, or other details of a recovery residence or licensed service provider, or informed a licensed service provider or a recovery residence of any identifying details about a patient.
- $\underline{(5)}$ (4) A licensed service provider shall maintain records of referrals to or from recovery residences as may be prescribed by the department in rule.
- (6)(5) After June 30, 2019, a licensed service provider violating this section shall be subject to an administrative fine of \$1,000 per occurrence. Repeat violations of this section may subject a provider to license suspension or revocation pursuant to s. 397.415.
- $\underline{(7)}$ (6) Nothing in this section requires a licensed service provider to refer a patient to or to accept a referral of a patient from a recovery residence.
- Section 9. Subsection (2) of section 435.07, Florida Statutes, is amended to read:
- 435.07 Exemptions from disqualification.—Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this chapter, regardless of whether those disqualifying offenses are

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listed in this chapter or other laws.

(2) Persons employed, or applicants for employment, by treatment providers who treat adolescents 13 years of age and older, and who are disqualified from employment solely because of crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, and any related criminal attempt, solicitation, or conspiracy under s. 777.04, may be exempted from disqualification from employment pursuant to this chapter without application of the waiting period in subparagraph (1)(a)1.

Section 10. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

(5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon

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approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. A No member may not be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d) 2. shall be placed in a

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restricted account set aside from other county funds and not disbursed by the county for any other purpose.

- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.
- 2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. $397.311 \frac{1}{100}$ 397.311(45). Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member

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per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

- 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).
- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the

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current fiscal year, per enrollment period, whichever is less.

5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.

Section 11. Subsection (3) of section 394.495, Florida Statutes, is amended to read:

394.495 Child and adolescent mental health system of care; programs and services.—

- (3) Assessments must be performed by:
- (a) A professional as defined in s. 394.455(5), (7), (33) (32), (36) (35), or (37) (36);
 - (b) A professional licensed under chapter 491; or
- (c) A person who is under the direct supervision of a qualified professional as defined in s. 394.455(5), (7), (33) (32), (36) (35), or (37) or a professional licensed under chapter 491.

Section 12. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.-

- (5) A professional as defined in s. 394.455(5), (7), $\underline{(33)}$ $\overline{(32)}$, $\underline{(36)}$ $\underline{(35)}$, or $\underline{(37)}$ $\underline{(36)}$ or a professional licensed under chapter 491 must be included among those persons developing the services plan.
 - Section 13. Subsection (6) of section 394.9085, Florida

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Statutes, is amended to read:

394.9085 Behavioral provider liability.-

"detoxification services," has the same meaning as detoxification in s. 397.311(26)(a), "addictions receiving facility," has the same meaning as provided in s. 397.311(26)(a), and "receiving facility" has have the same meaning meaning meanings as those provided in s. 394.455 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(39), respectively.

Section 14. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance <u>use disorder</u> abuse treatment services; qualified professional.—Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance <u>use abuse</u> treatment services as defined in this chapter, and need not meet the certification requirements contained in <u>s. 397.311(35)</u> s. 397.311(34).

Section 15. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

409.972 Mandatory and voluntary enrollment.

- (1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program:
 - (b) Medicaid recipients residing in residential commitment

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facilities operated through the Department of Juvenile Justice or $\underline{\text{in}}$ a treatment facility as defined in $\underline{\text{s. 394.455}}$ $\underline{\text{s.}}$ 394.455(47).

Section 16. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

- (1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (d) "Drug rehabilitation program" means a service provider as defined in s. 397.311 which, established pursuant to s. 397.311(43), that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.
- (g) "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers as defined in s. 397.311 pursuant to s. 397.311(43).

Section 17. Paragraph (e) of subsection (4) of section 464.012, Florida Statutes, is amended to read:

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464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

- (4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:
- (e) A psychiatric nurse, who meets the requirements in \underline{s} . $\underline{394.455(36)}$ \underline{s} . $\underline{394.455(35)}$, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

Section 18. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

744.2007 Powers and duties.-

(7) A public guardian may not commit a ward to a treatment facility, as defined in $\underline{s.394.455}$ $\underline{s.394.455(47)}$, without an involuntary placement proceeding as provided by law.

Section 19. This act shall take effect July 1, 2019.